

<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	<b>Patent Number</b>		6,797,475
	<b>Issue Date</b>		September 28, 2004
	<b>First Named Inventor</b>		Glenn BARNES
	<b>Title</b>	DETECTION OF POLYMORPHISMS IN THE HUMAN 5-LIPOXYGENASE GENE	
	<b>Art Unit</b>	1637	
	<b>Examiner Name</b>	C. B. Wilder	
<b>Attorney Docket No.</b>		117742-02101	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 86738

OR

☐ Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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☐ The address associated with Customer Number:

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☐ Firm or Individual Name Maria Laccotripe Zacharakis, Ph.D., J.D.  
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE OF Applicant or Assignee of Record**

<b>Signature</b>	<b>Date</b>
<span style="border: 1px solid black; padding: 2px;"></span>	<span style="border: 1px solid black; padding: 2px;">August 10, 2009</span>
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of 1 forms are submitted.

I hereby certify that this paper (along with any paper related to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with §1.6(e)(4).

Dated: September 2, 2009 Signature: /MBC/  
(Marcie B. Clarke, Ph.D.)